

FEC FORM 5**REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED****To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations**

1. (a) Name of Individual, Organization or Corporation NARAL Pro-Choice America		3. FEC Identification Number <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C90004185 </div>
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1156 15th Street, NW Suite 700		
(c) City, State and ZIP Code Washington DC 20005		
2. Corporate filers only Is the filer a qualified nonprofit corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Individual filers only Name of Employer Occupation	

4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report ☒ 24-Hour Notice ☐ 48-Hour Notice
- ☐ July 15 Quarterly Report
- ☐ October Quarterly Report
- ☐ January 31 Year-End Report

(b) Is this Report an amendment? Yes ☐ No ☒

5. COVERING PERIOD: FROM M M / D D / Y Y Y Y
0 9 / 0 4 / 2 0 0 8

THROUGH

M M / D D / Y Y Y Y
0 9 / 0 4 / 2 0 0 8

6. TOTAL CONTRIBUTIONS

0.00

7. TOTAL INDEPENDENT EXPENDITURES.....

1925.41

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM**SIGNATURE****DATE**

John Botts

09/04/2008

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 437g.

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 2 / 3

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

NARAL Pro-Choice America

Full Name (Last, First, Middle Initial) of Payee
NARAL Pro-Choice America

Date

M M / D D / Y Y Y Y
0 9 / 0 4 / 2 0 0 8

Mailing Address

1156 15th Street, NW, Suite 700

Amount

9.84

City

Washington

State

DC

Zip Code

20005

Purpose of Expenditure

List Rental

Category/
Type

Office Sought:

☐ House

State: DC

Presidential

☐ Senate☒ President

District: 00

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Barack ObamaCalendar Year-To-Date Per Election
for Office Sought

352856.44

Disbursement For:
2008☐ Primary☒ General☐ Other (specify)Full Name (Last, First, Middle Initial) of Payee
USPS

Date

M M / D D / Y Y Y Y
0 9 / 0 4 / 2 0 0 8

Mailing Address

.

Amount

677.32

City

Washington

State

DC

Zip Code

20005

Purpose of Expenditure

Postage

Category/
Type

Office Sought:

☐ House

State: DC

Presidential

☐ Senate☒ President

District: 00

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Barack ObamaCalendar Year-To-Date Per Election
for Office Sought

352856.44

Disbursement For:
2008☐ Primary☒ General☐ Other (specify)Full Name (Last, First, Middle Initial) of Payee
John Muscara Design

Date

M M / D D / Y Y Y Y
0 9 / 0 4 / 2 0 0 8

Mailing Address

263 Smith Street

Amount

204.75

City

Freeport

State

NY

Zip Code

11520

Purpose of Expenditure

Graphic design services

Category/
Type

Office Sought:

☐ House

State: DC

Presidential

☐ Senate☒ President

District: 00

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Barack ObamaCalendar Year-To-Date Per Election
for Office Sought

352856.44

Disbursement For:
2008☐ Primary☒ General☐ Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures

891.91

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE **3 / 3**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

NARAL Pro-Choice America

Full Name (Last, First, Middle Initial) of Payee
McArdle Printing Co.

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	4		2	0	0	8

Mailing Address
800 Commerce Drive

Amount

1033.50

City

Upper Marlboro

State

MD

Zip Code

20774

Purpose of Expenditure
PrintingCategory/
Type

Office Sought:

☐

House

State: DC

Presidential

☐

Senate

☒

President

District: 00

Check One:

☒

Support

☐

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
Barack ObamaCalendar Year-To-Date Per Election
for Office Sought

352856.44

Disbursement For:
2008☐

Primary

☒

General

☐ Other (specify) _____(a) **SUBTOTAL** of Itemized Independent Expenditures

1033.50

(b) **SUBTOTAL** of Unitemized Independent Expenditures(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

1925.41